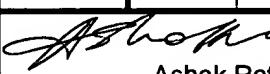
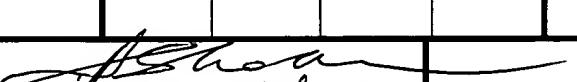


Issue Classification 	Application/Control No. 09/923,157	Applicant(s)/Patent under Reexamination YAMAMOTO ET AL.
	Examiner Ashok B. Patel	Art Unit 2154

ISSUE CLASSIFICATION													
ORIGINAL		INTERNATIONAL CLASSIFICATION											
CLASS	SUBCLASS	CLAIMED			NON-CLAIMED								
709	215	G	06	F	15	/167	H	04	J	11	/00		
CROSS REFERENCES					/			/			/		
CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)												
711	111	6	154	217							/		
711	209	203	147	162							/		
711	130										/		
707	1	202	203	204							/		
714	6	27	42	54							/		
 Ashok Patel 6/23/06 (Assistant Examiner) (Date)					 JOHN FOLLANSBEE SUBDIVISIONAL PATENT EXAMINER (Primary Examiner) (Date)						Total Claims Allowed: 14		
 Susan B. Patel 6/23/06 (Legal Instruments Examiner) (Date)											O.G. Print Claim(s)	O.G. Print Fig.	
											1	4	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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	2			32	62	92	122
2	3			33	63	93	123
3	4			34	64	94	124
	5			35	65	95	125
4	6			36	66	96	126
5	7			37	67	97	127
	8			38	68	98	128
	9			39	69	99	129
6	10			40	70	100	130
7	11			41	71	101	131
8	12			42	72	102	132
	13			43	73	103	133
	14			44	74	104	134
	15			45	75	105	135
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	19			49	79	109	139
	20			50	80	110	140
	21			51	81	111	141
9	22			52	82	112	142
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11	25			55	85	115	145
12	26			56	86	116	146
13	27			57	87	117	147
14	28			58	88	118	148
	29			59	89	119	149
	30			60	90	120	150

Issue Classification 	Application/Control No. 09/923,157	Applicant(s)/Patent under Reexamination YAMAMOTO ET AL.
	Examiner Ashok B. Patel	Art Unit 2154

ORIGINAL					INTERNATIONAL CLASSIFICATION							
CLASS		SUBCLASS			CLAIMED			NON-CLAIMED				
								/				
CROSS REFERENCES								/				
CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)							/				
714	7	710	8					/				
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								/				
 Ashok Patel 6/23/10; (Assistant Examiner) (Date)					Total Claims Allowed: (Primary Examiner) (Date)							
(Legal Instruments Examiner) (Date)								O.G. Print Claim(s)				O.G. Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
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240		270		300	330	360	420